

**TOWN OF SOUTHAMPTON****ASSESSOR'S OFFICE**

116 Hampton Road, Southampton, NY 11968

www.southamptontownny.gov/assessor

LISA GOREE

SOLE ASSESSOR

Telephone 631-283-6020

Fax 631-287-4509

STATEMENT OF INCOME 65 & OVER

Tax Map Number: _____

CHECK ALL SOURCES OF INCOME LISTED BELOW FOR THE CURRENT CALENDAR YEAR.
PLEASE ENTER ALL AMOUNTS AND ATTACH COPIES OF PROOF.

NAME OF OWNER(S): _____ PHONE NO: _____

SOURCE OF INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO	AMOUNTS
Social Security-SSA 1099	_____	_____	_____
Salary or Wages (including part-time employment)	_____	_____	_____
Bank Interest	_____	_____	_____
Interest on nontaxable Bonds/Mortgages	_____	_____	_____
Pension, Annuities	_____	_____	_____
IRA Distributions	_____	_____	_____
Stock Distributions	_____	_____	_____
Disability Income	_____	_____	_____
Compensation (including Vets)	_____	_____	_____
Rentals	_____	_____	_____
Business Income	_____	_____	_____
Alimony	_____	_____	_____
Other	_____	_____	_____
Total	_____	_____	_____

I certify that all statements made on this application are true and correct to the best of my belief and I understand that any willful false statement of material fact will be grounds for disqualification from further exemption for a period of five (5) years and a fine of not more than \$100.00.

SIGNATURES: _____ DATE: _____

Applications must be filed on or before March 1st, with the Assessor's Office.
If you are denied, you will be notified by mail.